

New Business
10.2.2018

**NEIGHBORHOOD
AND COMMUNITY
SERVICES
STANDING
COMMITTEE**

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 538 Event Name: Beacon Park Winter Events

Event Date : October 12 - December 16, 2018

Street Closure: None

Organization Name: Downtown Detroit Partnership

Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Park Programming
☐ 24-Hour Liquor License

Petition Communications (include date/time)

Park Programming for Beacon Park which includes interactive art display, park lighting, and holiday parties for the 2018 holiday season.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Audier

Date: September 26, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, September 25, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION
BUILDINGS SAFETY ENGINEERING

538 *Downtown Detroit Partnership, request to hold "Beacon Park Winter Events" at 1901 Grand River, hosting various events with various dates from October 12, 2018 thru December 16, 2018.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: BEACON PARK WINTER EVENTS

Event Location: 1901 GRAND RIVER

Is this going to be an annual event? ☐ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DOWNTOWN DETROIT PARTNERSHIP

Organization Mailing Address: 1 CAMPUS MARTIUS, SUITE 380, DETROIT, MI 48226

Business Phone: 313-715-9944

Business Website: DowntownDetroitParks.com

Applicant Name: HEATHER BADRAK

Business Phone:

Cell Phone:

313-715-9944

Email:

HBADRAK@DETROIT300.ORG

Event On-Site Contact Person:

Name: DAVID COWAN

Business Phone:

Cell Phone: 734-377-3472

Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: PARK PROGRAMMING

Please provide a brief description of your event:

10/12 – 11/19, Interactive Public Art, Daily

11/16 Light up Beacon Park, 5p – midnight

11/24 Home for the Holidays, 5p – midnight

12/15 & 16, Selfies with Santa, (Family Fun), 1p – 5p

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : Time: Complete Set-up Date: Time:

Event Start Date: Time: Event End Date: Time:

Begin Tearing Down Date: Complete Tear Down Date:

Event Times (If more than one day, give times for each day):

USING TENT CURRENTLY CONSTRUCTED IN BEACON PARK FOR FALL PROGRAMMING

Section 3- LOCATION/SITE INFORMATION

Location of Event: BEACON PARK, 1901 GRAND RIVER, DETROIT, MI 48226

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: ATTACHED.

Will a sound system be used? ☐ Yes ☐ No

If yes, what type of sound system? House sound, amplified sound.

Describe specific power needs for entertainment and/or music:

Park power.

How many generators will be used? NONE

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☐ No

If yes, check all that apply:

[X] Food [] Merchandise [X] Non-Alcoholic Beverages [X] Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: EAGLE SECURITY/ MATT WARNER

Address:

Phone: 734-306-4871

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

[] Licensed

[] Armed

[] Bonded

How will you advise attendees of parking options?

WEBSITE

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Have local neighborhood groups/businesses approved your event?

☐ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<hr/>	<hr/>
Canopy (open on all sides)	<hr/>	<hr/>
Staging/Scaffolding	<hr/>	<hr/>
Bleachers	<hr/>	<hr/>

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical for Light up Beacon Park

Address: 220 Bagley, Suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns. Scotty's Potties as needed

Contact Person: Lori Proctor

Address: PO Box 530845

Phone: 734-421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.


Signature of Applicant

9/10/18
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: _____ Event Date: _____

Event Organizer: _____

Applicant Signature:  _____ Date: _____



**DOWNTOWN
DETROIT
PARTNERSHIP**

Parks + Public Spaces



**BEACON
PARK**

2018 Programming | Beacon Park |

1.DESRIPTION OF THE ARTWORK

Name: *Prismatica*
Type: *Interactive light installation*
Location: *Outdoors / Indoors*

Description:

A modern ice palace. Prismatica turns heads with the countless colourful reflections made by its giant prisms. Visitors can walk among them to see city life in every colour of the spectrum, and turn the prisms to make the colours dance. After sunset, the enormous interactive kaleidoscope's illusory effects reach a crescendo.

Prismatica is a participatory installation comprising 25 pivoting prisms more than two meters tall. Each one is made of panels covered with a dichroic film that reflects the colours of the rainbow, varying with the light source and viewing angle. Each prism is mounted on a base containing a projector that gives the installation a new dimension after nightfall. The rotation of the prisms triggers variable-intensity bell music.



Ottawa 2016

Credit : Doublespace Photography

Public Art Display 10/12 - 11/19

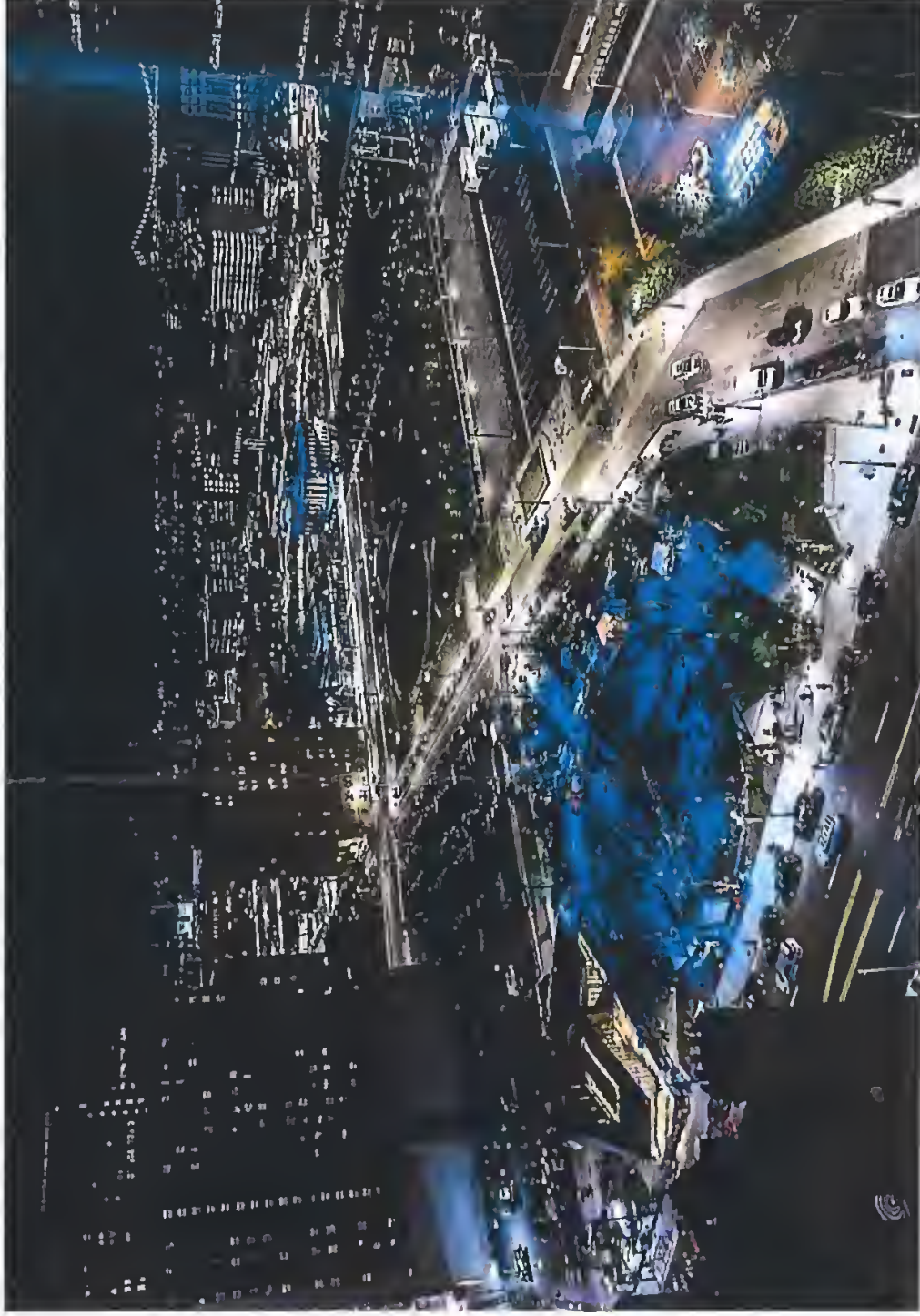


November 16, 2018

Light Up Beacon Park

Contemporary Holiday Lighting

- Holiday lighting reveal including oversized ornaments, interactive attractions + winter attractions
- Selfies with Santa in the Winter Lodge at Beacon Park
- Live performances and DJ
- Live streaming of Tree Lighting celebration
- Fire pits, food and beverage supported by Iimen



Events in tent:

- Home for the Holidays
November 24, 2018
- Selfies with Santa
December 15 & 16, 2018

The Winter Lodge at

Beacon Park

Heated Clear Panel Tent

(BUILT IN OCTOBER)

- 100x100^{80'} heated tent
- Clear paneled and decorated
- Extends programming season for music, leagues, food and beverage events, and potential rental collaborations



2018-09-25

538

538

*Petition of Downtown Detroit
Partnership, request to hold "Beacon
Park Winter Events" at 1901 Grand
River, hosting various events with
various dates from October 12, 2018
thru December 16, 2018.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION
BUILDINGS SAFETY ENGINEERING

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 530 Event Name: 2018 Winter Magic Events

Event Date : November 5, 2018 - January 21, 2019

Street Closure: Various

Organization Name: Downtown Detroit Partnership

Street Address: 1 Campus Martius Suite 380 Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Downtown Detroit Partnership's Winter Season which encompasses load-in/out for Christmas Tree & Salvation Army Red Kettle, Tree Lighting and Carriage Rides.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Tree Load-In & Tree Lighting Ceremony
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required for Street Closures
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Electrical & Propane
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required for Monroe & Cadillac Square Closures
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: September 26, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, September 19, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE BUSINESS LICENSE CENTER
RECREATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT
POLICE DEPARTMENT FIRE DEPARTMENT

530 *Downtown Detroit Partnership, request to hold "2018 Winter Magic Events" at various locations on various dates beginning November 5, 2018 and ending January 21, 2019 with set up beginning 11-1-18 and tear down complete 1-25-19.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: 2018 WINTER MAGIC EVENTS

Event Location: DDP OPERATED DOWNTOWN CITY PARKS AND PUBLIC SPACES

Is this going to be an annual event? ☐ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: DOWNTOWN DETROIT PARTNERSHIP

Organization Mailing Address: 1 CAMPUS MARTIUS, SUITE 380, DETROIT, MI 48226

Business Phone: 313-715-9944

Business Website: DowntownDetroitParks.com

Applicant Name: HEATHER BADRAK

Business Phone:

Cell Phone: 313-715-9944

Email: HBADRAK@DETROIT300.ORG

Event On-Site Contact Person:

Name: DAVID COWAN

Business Phone:

Cell Phone: 734-377-3472

Email: david.cowan@downtowndetroit.org

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: PARK PROGRAMMING

Please provide a brief description of your event:

11/5/18: TREE ARRIVAL

11/16/18: DETROIT'S TREE LIGHTING

11/9/18 – 11/11/18: RINK PREVIEW WEEKEND (WEATHER PERMITTING)

11/16/18 – 3/3/19: THE RINK

11/16/18 – 1/31/19: THE SALVATION ARMY RED KETTLE

11/16, 17, 23, 24, 30, 12/1, 7, 8, 14, 15, 21, 22: HORSE & CARRIAGE RIDES (+ 12/26 – 30 IF FUNDED)

1/7/19 – 2/26/19: BROOMBALL LEAGUE

11/16/18 – 1/1/19: KIDS ACTIVITIES ON WEEKENDS (TBD – IF FUNDED)

11/16/18 – 1/1/19: STREET PERFORMERS ON WEEKENDS (TBD – IF FUNDED)

What are the projected set-up, event and tear down dates and times (must be completed)?

TREE PLATFORM INSTALLATION, TREE ARRIVAL

Begin Set-up Date: 11/1/18 Time: 8A Complete Set-up Date: 11/1/18 Time: 4P

Event Start Date: 11/5/18 Time: NOON Event End Date: 1/21/19 Time: 10P

Begin Tearing Down Date: 1/25/19 Complete Tear Down Date: 1/25/19

Event Times (If more than one day, give times for each day):

PREPARATION FOR TREE ARRIVAL, TREE DISPLAYED 24/7 THROUGH 1/21/19

What are the projected set-up, event and tear down dates and times (must be completed)?

THE SALVATION ARMY RED KETTLE

Begin Set-up Date: 11/7/18 Time: 5A Complete Set-up Date: 11/7/18 Time: 7A

Event Start Date: 11/16/18 Time: 5P Event End Date: 1/31/19 Time: 5A

Begin Tearing Down Date: 1/31/19 Complete Tear Down Date: 1/31/19

Event Times (If more than one day, give times for each day):

SALVATION RED KETTLE DISPLAYED DAILY FROM 11/16/18 – 1/31/19

What are the projected set-up, event and tear down dates and times (must be completed)?

DETROIT'S TREE LIGHTING

Begin Set-up Date: 11/15/18 Time: 11P Complete Set-up Date: 11/16/18 Time: 4PM

Event Start Date: 11/16/18 Time: 5P Event End Date: 11/16/18 Time: MIDNIGHT

Begin Tearing Down Date: 11/16/18 Complete Tear Down Date: 8A, 11/17/18

Event Times (If more than one day, give times for each day):

11/16/18, 5P - MIDNIGHT

Section 3- LOCATION/SITE INFORMATION

Location of Event: CAMPUS MARTIUS PARK, CADILLAC SQUARE, GRAND CIRCUS PARK, ESPLANADE AND CAPITOL PARK

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: ATTACHED.

Will a sound system be used? ☐ Yes ☐ No

If yes, what type of sound system? House sound, amplified sound.

Describe specific power needs for entertainment and/or music:

Park power.

How many generators will be used? (1) ON MICHIGAN

How will the generators be fueled? DIESEL

Name of vendor providing generators:

Contact Person: JAMES WERHLE, XYZ POWER

Address: 3549 ALIDA AVE.

Phone: 248-875-6070

City/State/Zip ROCHESTER HILLS, MI 48309

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☐ No

If yes, list price(s): PREFERRED SEATING AT TREE LIGHTING AND RINK ADMISSION

Will there be vending or sales? ☐ Yes ☐ No

If yes, check all that apply:

[X] Food [] Merchandise [X] Non-Alcoholic Beverages [X] Alcoholic Beverages

Indicate type of items to be sold: FOOD TRUCKS, WORKING WITH PARC TO ADD-A-BAR ON MICHIGAN

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: EAGLE SECURITY/ MATT WARNER

Address: _____ Phone: 734-306-4871

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

WEBSITE _____

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

ROAD CLOSURE FOR TREE LIGHTING

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

DDP COMMUNITY OUTREACH WITH ROAD CLOSURES FOR TREE LIGHTING

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

- (1) 10' x 10' Sound tent by Rink
- (2) 10' x 10' Bar tent, 3 sides, open front, on Michigan
- (1) 10' x 10' tent, north end of CMP, in street, 3 side wall, open front,
- (2) 10' x 20' tent, north end of CMP, in park, 3 side wall, open front,
- (1) 20' X 40' Salvation Army Sponsor Tent on Monroe
- (1) 20' X 30' Salvation Army Family Fun Tent on Monroe
- (1) 15' x 15' Food prep tent behind Parc on Woodward

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

_____	_____
_____	_____
_____	_____

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical for Detroit's Tree Lighting

Address: 220 Bagley, Suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns. Scotty's Potties

Contact Person: Lori Proctor

Address: PO Box 530845

Phone: 734-421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company? N/A

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: WOODWARD

FROM: STATE TO: LARNED

CLOSURE DATES: 11/15/18 BEG TIME: 11P END TIME:

REOPEN DATE: 11/17/18 TIME: 8A

STREET NAME: MICHIGAN

FROM: GRISWOLD TO: WOODWARD

CLOSURE DATES: 11/15/18 BEG TIME: 11P END TIME:

REOPEN DATE: 11/17/18 TIME: 8A

STREET NAME: MONROE

FROM: FARMER TO: WOODWARD

CLOSURE DATES: 11/15/18 BEG TIME: 11P END TIME:

REOPEN DATE: 11/17/18 TIME: 8A

STREET NAME: EAST & WESTBOUND CADILLAC SQUARE

FROM: BATES TO: WOODWARD

CLOSURE DATES: 11/15/18 BEG TIME: 11P END TIME:

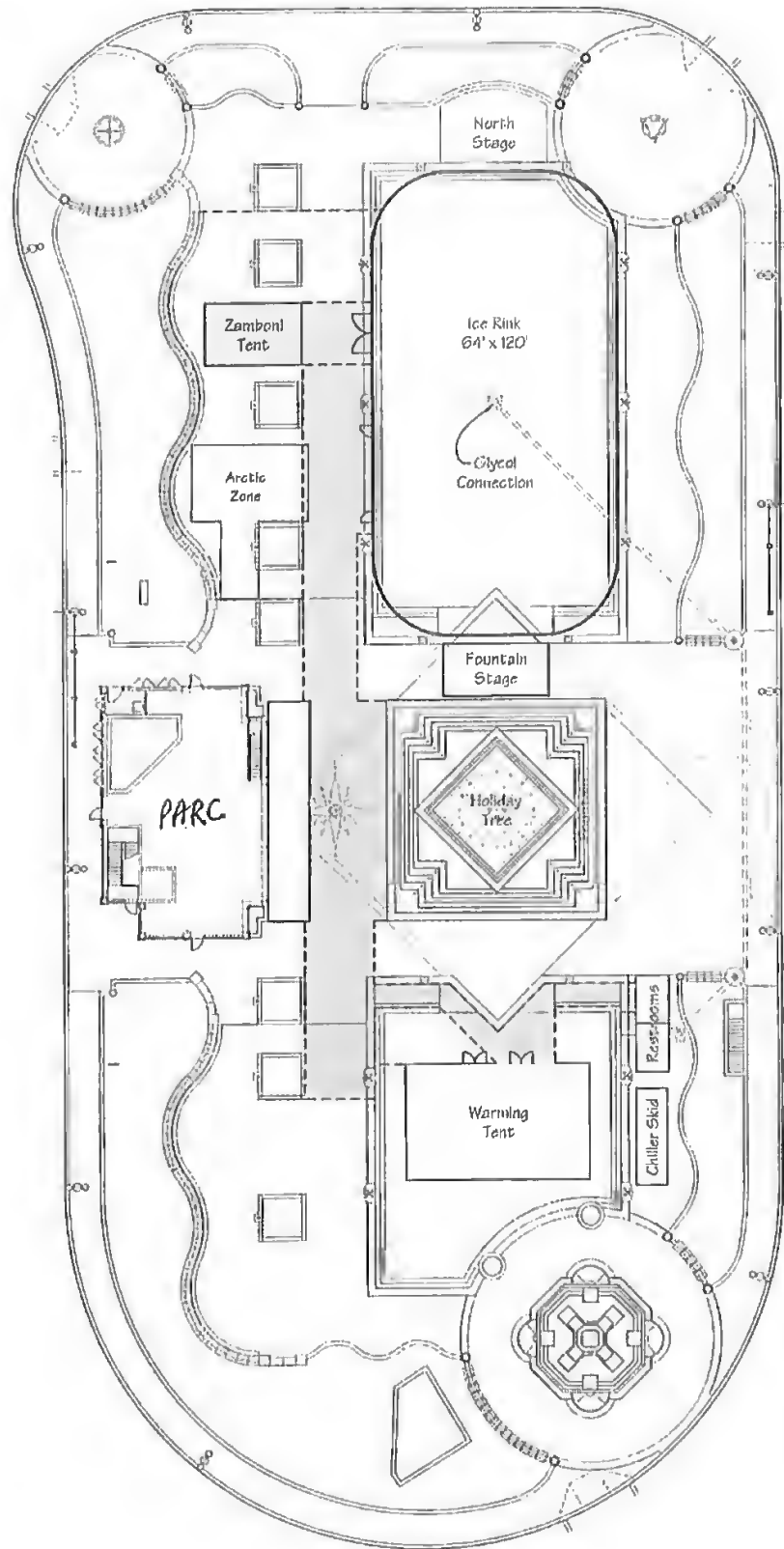
REOPEN DATE: 11/17/18 TIME: 8A

STREET NAME:

FROM: TO:

CLOSURE DATES: BEG TIME: END TIME:

REOPEN DATE: TIME:



NORTH



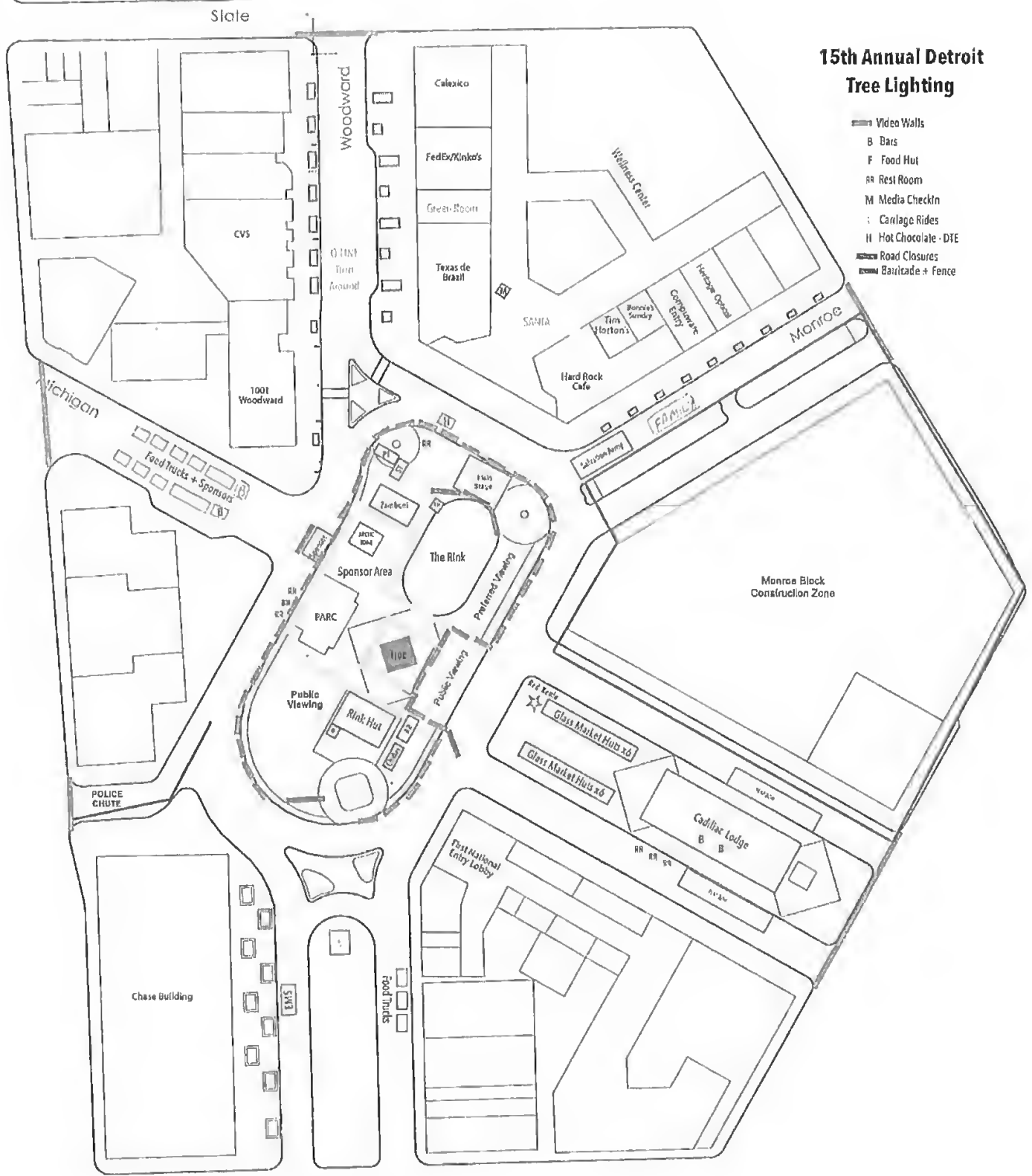
SCALE: 1" = 30'

LAYOUT FOR:
ICE RINK & ASSOCIATED ACTIVITIES
CAMPUS MARTIUS PARK

DETROIT, MICHIGAN

9/22/2004

1145
 available
 600 SF
 ☆
 SHUTTLE
 TO BEACON
 PARK



15th Annual Detroit Tree Lighting

- Video Walls
- B Bars
- F Food Hut
- RR Rest Room
- M Media Checkin
- C Canilage Rides
- H Hot Chocolate - DTE
- Road Closures
- Baricade + Fence

Road Closed at Larned (off Map)

TREE ARRIVAL

ROAD CLOSURE

9A - 4P

TRAFFIC RE-ROUTES AROUND
CADILLAC SQUARE

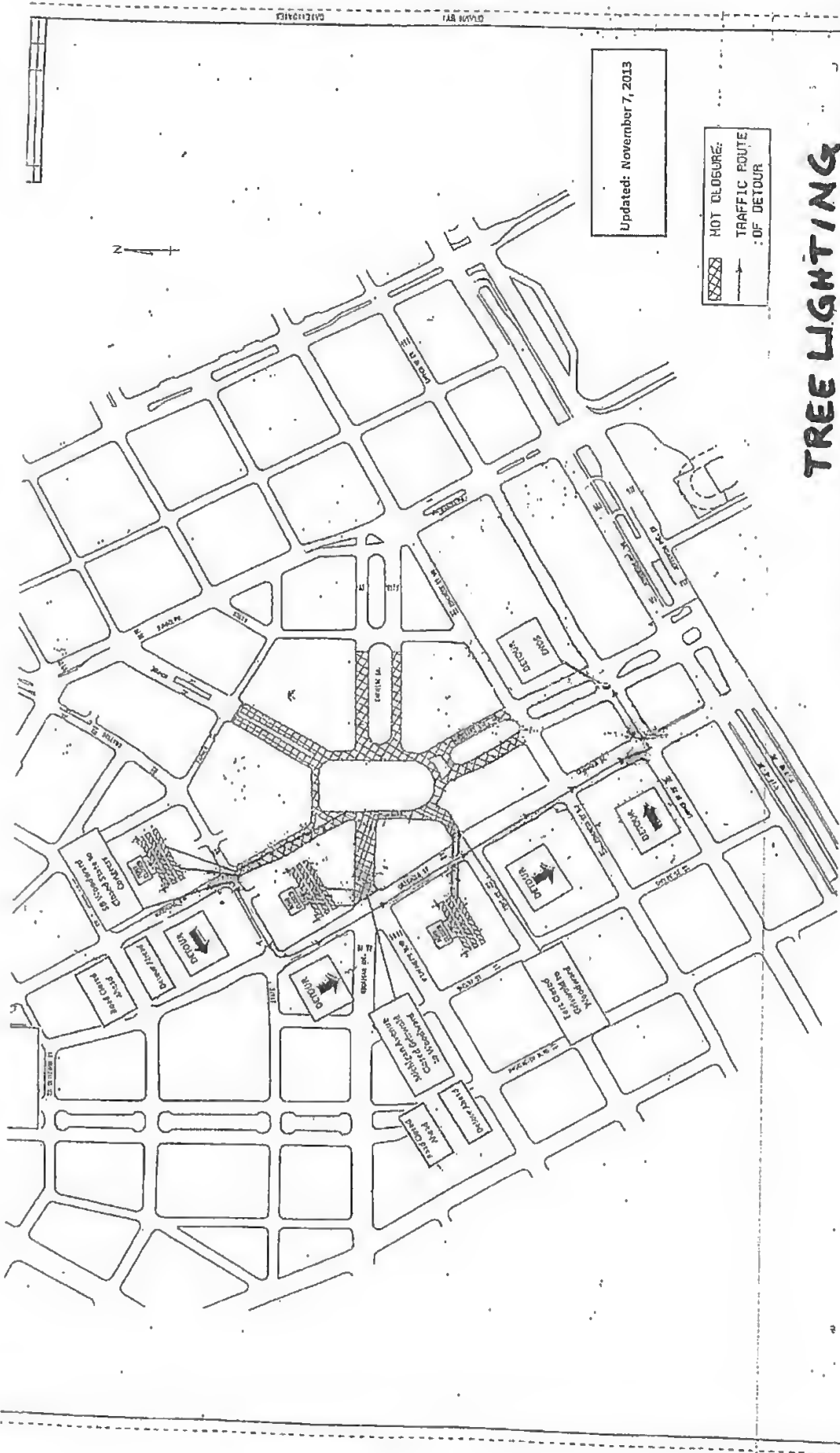
TYPE III

ARROW
BOARD

Campus Martius Park and
Cadillac Square Park

Rundell Ernsberger Associates, LLC
May 2006






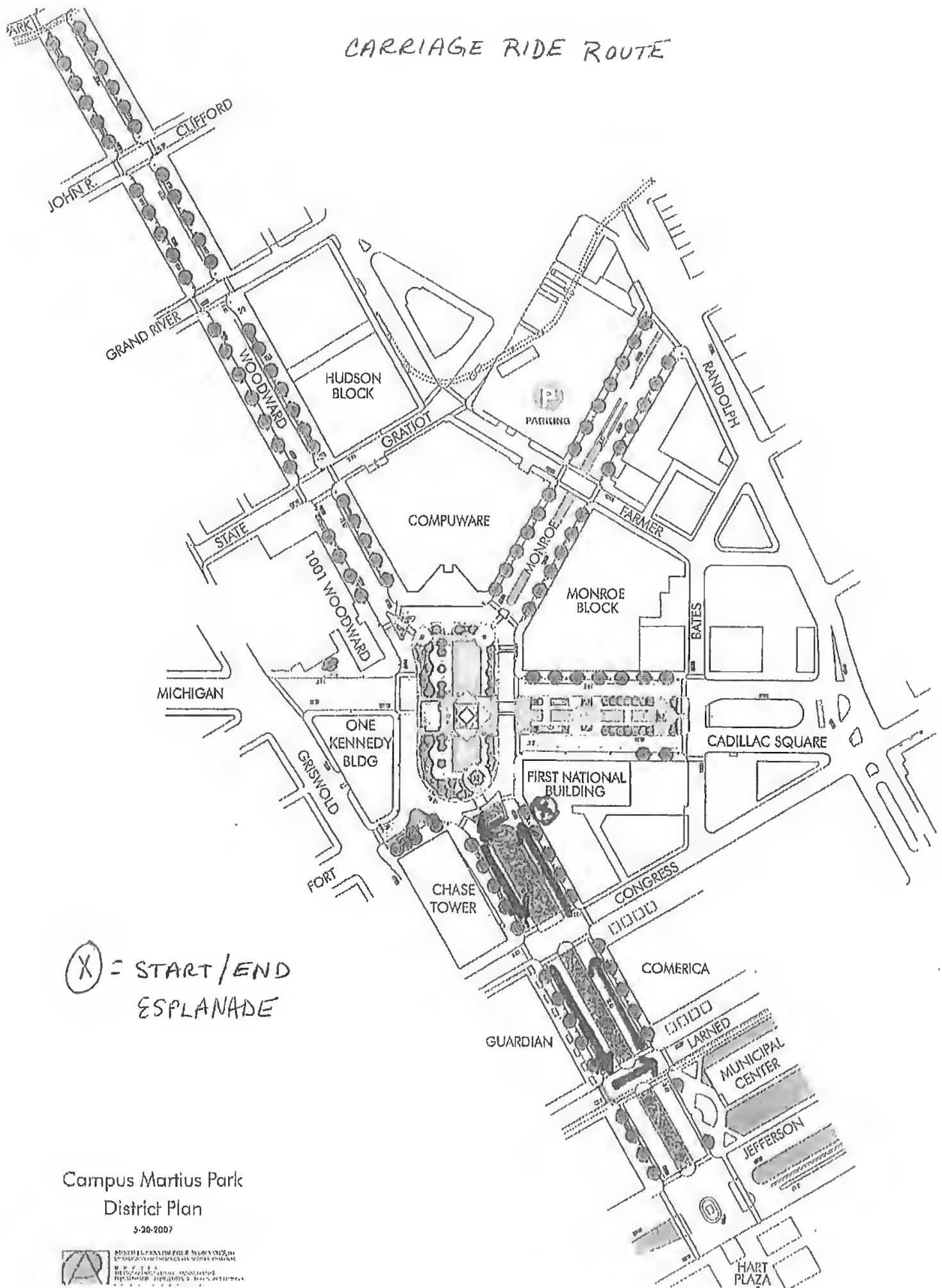
Updated: November 7, 2013

[Cross-hatched box] HOT DELOURE:
 [Solid line with arrow] TRAFFIC ROUTE
 [Dashed line] OF DETOUR

TREE LIGHTING

 CITY OF DETROIT	 P.B. ENGINEERING & ARCHITECTURE	SB WOODWARD AVE. DETOUR WB CONGRESS DETOUR		SHEET: 2 OF 3
		DATE: 8/18/05	SCALE: 1" = 100'	

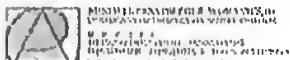
CARRIAGE RIDE ROUTE



(X) = START/END
ESPLANADE

Campus Martius Park
District Plan

5-10-2007





KUNDELL ERNSTBERGER
ASSOCIATES, LLC
Land Planning • Urban Design • Landscape Architecture
3000 Woodward Avenue, Suite 200
Detroit, MI 48202
Tel: (313) 741-8131 Fax: (313) 741-8025
info@kunda.com website: kunda.com

104 DAKOTA DRIVE, LTD
10400 Woodward Avenue, Suite 200
Detroit, MI 48202
Tel: (313) 741-8000 Fax: (313) 741-8000

ENGINEERING ENGINEERING ASSOCIATES, P.C.
18000 Woodward Avenue
Detroit, MI 48202
Tel: (313) 741-8131 Fax: (313) 741-8131

Prepared for:
CAMPUS MARINUS ROAD & ALUMNI CENTER
3000 Woodward Avenue, Suite 200
Detroit, MI 48202
Tel: (313) 741-8000 Fax: (313) 741-8000



0 10' 20'
SCALE: 1" = 20'
NORTH

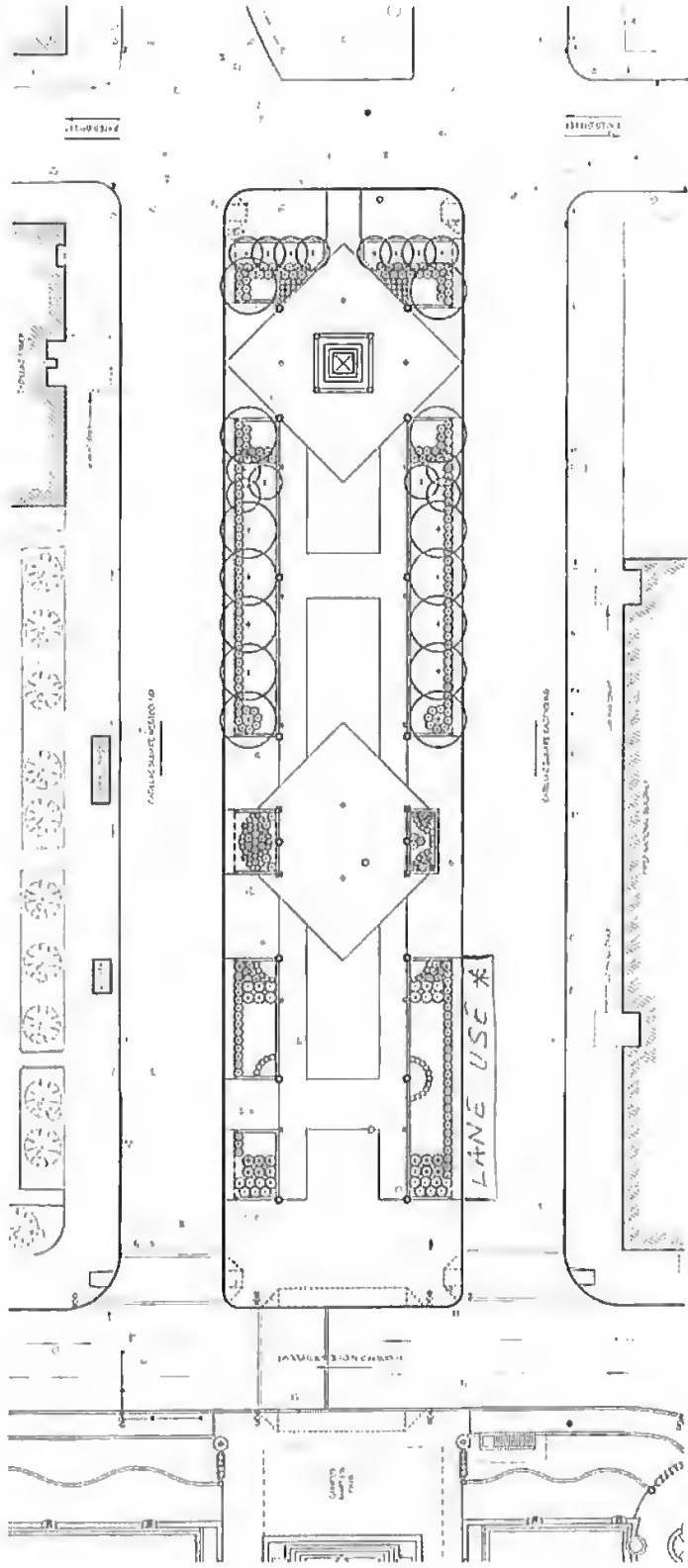
NO.	DESCRIPTION	DATE
1	REVISION	11/18/02
2	REVISION	11/18/02
3	REVISION	11/18/02
4	REVISION	11/18/02
5	REVISION	11/18/02
6	REVISION	11/18/02
7	REVISION	11/18/02
8	REVISION	11/18/02
9	REVISION	11/18/02
10	REVISION	11/18/02

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Campus Marinus Road &
Infrastructure Reconstruction Project
Cadillac Square Park
Detroit, Michigan

Overall Site Plan	
PROJECT NO.	000113
DATE	Nov. 1, 2005
DESIGNED BY	PA
DRAWN BY	PA
CHECKED BY	PA
APPROVED BY	PA
DATE	11/18/02
PROJECT NO.	000113

SD 1.0



* DESIGNATED PARKING FOR
HORSE & CARRIAGE TRAILERS

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE – ON FILE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT – BLOCK BY BLOCK, PARTNER OF DDP
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.


Signature of Applicant

9/12/18
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 2018 WINTER MAGIC Event Date: NOV - MAR

Event Organizer: DOWNTOWN DETROIT PARTNERSHIP

Applicant Signature:  Date: 9/12/18

SEASON OF WINTER MAGIC 2018 WILL INCLUDE THE FOLLOWING ACTIVITIES PRODUCED BY DETROIT 300 CONSERVANCY, AN AFFILIATE OF DOWNTOWN DETROIT PARTNERSHIP:

- **DETROIT'S TREE LIGHTING, NOVEMBER 16, 5P - MIDNIGHT**
- **THE RINK AT CAMPUS MARTIUS**
 - PREVIEW WEEKEND: NOVEMBER 9 - 11
 - OPEN EVERY DAY NOVEMBER 16 - MARCH 3, EVEN HOLIDAYS.
 - MON – THUR. 11AM – 10PM
 - FRIDAY 11AM – MIDNIGHT
 - SATURDAY 10AM – MIDNIGHT
 - SUNDAY NOON – 10PM
 - ARCTIC ZONE (RINK CONCESSIONS) AREA WILL BE ON THE WEST SIDE OF THE RINK, POTENTIALLY A DOUBLE DECKER TENT STRUCTURE WITH A BAR ON SECOND FLOOR
 - BROOMBALL LEAGUE: MONDAYS & TUESDAYS, 6PM – 10PM, BEGINNING JANUARY 7, 2019
- **CADILLAC SQUARE ACTIVATION**
 - THE SALVATION ARMY RED KETTLE, NW CORNER OF CADILLAC SQUARE.
- **KIDZ ZONE**
 - DATE & TIME TBD: OUTDOOR INTERACTIVE FUN (SPONSOR DEPENDANT)
- **HORSE & CARRIAGE RIDES**
 - (6) WEEKENDS NOVEMBER 16 – DECEMBER 22
 - FRIDAYS & SATURDAY: 6PM – MIDNIGHT
 - ADDITIONAL DATES BETWEEN THE HOLIDAYS, DEC 26, 27, 28, 29, 30 (SPONSOR DEPENDANT)
- **STREET PERFORMANCES**
 - WEEKENDS NOVEMBER 16 – JANUARY 1 OF POP-UP PERFORMANCES ON VARIOUS STREET CORNERS AND PLAZA AREAS IN THE CAMPUS MARTIUS DISTRICT TO PROVIDE ENTERTAINMENT AND EXCITEMENT FOR THE DOWNTOWN VISITORS
 - FRIDAYS, SATURDAY & SUNDAYS: TIMES VARY (SPONSOR DEPENDANT)
- **THE SALVATION ARMY RED KETTLE**
 - PLACEMENT ON CADILLAC SQUARE, NOVEMBER 5
 - NOVEMBER 16 – JANUARY 31
- **ADDITIONAL HOLIDAY LIGHTING & DECOR**
 - CAMPUS MARTIUS PARK WILL BE SHINING WITH 142,000 LED TWINKLE LIGHTS THAT ARE INSTALLED ON 80 TREES
 - ADDITIONAL HOLIDAY DECOR IN CAPITOL PARK, GRAND CIRCUS PARK, ESPLANADE AS BUDGET PERMITS

LOAD IN/OUT DETAIL

- 11/1: LOAD IN TREE PLATFORM, PEDESTRIAN SIDEWALK CLOSED, LANE CLOSED NEXT TO CMP, 9AM – 4PM
- 11/5: ROAD CLOSURES 9AM, LOAD-IN TREE (SEE TREE ARRIVAL MAP)
 - WORKING WITH TRAFFIC MANAGEMENT INC. TO COORDINATE CLOSURE WITH QLINE
 - CRANE IS PLACED IN ROAD BETWEEN CAMPUS MARTIUS AND CADILLAC SQUARE. TRAFFIC ROUTES AROUND CADILLAC SQUARE
 - LOAD OUT CRANE, ROAD OPENS 4PM
- 11/7: RED KETTLE INSTALL,
 - 5A LOAD IN CRANE CURBSIDE WESTBOUND CADILLAC SQUARE, LOAD OUT FOR CRANE 7AM
- 11/15:
 - NORTHBOUND AND SOUTHBOUND WOODWARD CLOSURES, 11PM
 - LOAD-IN TENTS FOR TREE LIGHTING EVENT
 - TENTS FOR TREE LIGHTING
 - (1) 10' x 10' Sound tent by Rink
 - (2) 10' x 10' Bar tent, 3 sides, open front, on Michigan
 - (1) 10' x 10' tent, north end of CMP, in street, 3 side wall, open front,
 - (2) 10' x 20' tent, north end of CMP, in park, 3 side wall, open front,
 - (1) 20' X 40' Salvation Army Sponsor Tent on Monroe
 - (1) 20' X 30' Salvation Army Family Fun Tent on Monroe
 - (1) 15' x 15' Food prep tent behind Parc on Woodward
- 11/16: LOAD OUT TENTS, WOODWARD, OPEN BY 8A, 11/17
- FRIDAYS AND SATURDAYS NOVEMBER 16 – DECEMBER 22, + 12/26-30 HORSE & CARRIAGE TRAILER
 - LOAD IN, CURBSIDE AT CADILLAC SQUARE AT 4PM TO PREPARE FOR 6PM START ON ESPLANADE.
 - LOAD OUT, MIDNIGHT
- 1/22 – 1/24: LOAD OUT TREE, NO ROAD CLOSURE NEEDED
- 1/25: LOAD OUT TREE PLATFORM, PEDESTRIAN SIDEWALK CLOSED, LANE CLOSED NEXT TO CMP, 9AM – 4PM
- 1/31: LOAD OUT RED KETTLE, 5AM – 7AM (or sooner depending on Winter Blast Load-in)

Detroit's Christmas Tree

Campus Martius Park

November 5, 2018 - January 22, 2019

- The Michigan-grown tree stands as the focal point of the holiday season in the heart of Downtown Detroit. Once placed in Campus Martius Park the tree is decorated with 19,000 multi-colored lights and ornaments.
- Target Demographic
 - Families
 - Metro Detroit Residents
 - Tourists and Visitors
- Attracting crowds of 1M annually





The Rink

Campus Martius Park

Open everyday, including holidays
November 16, 2018 - March 3, 2019

- Michigan premier outdoor skating experience, The Rink acts as the centerpiece of Detroit's Gathering Place during winter season. Framed by Detroit's iconic skyline, The Rink plays host to first time skaters, Olympic champions and everyone in between
- Target Demographic
 - Families
 - Detroit Residents
 - Tourists and Visitors
- Attracting crowds of 70,000+ seasonally
- Broomball League
1/7/19 - 2/26/19

181

2018-09-19

530

530 *Petition of Downtown Detroit
Partnership, request to hold "2018
Winter Magic Events" at various
locations on various dates beginning
November 5, 2018 and ending January
21, 2019 with set up beginning 11-1-
18 and tear down complete 1-25-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

- DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
- MAYOR'S OFFICE BUSINESS LICENSE CENTER
- RECREATION DEPARTMENT MUNICIPAL PARKING
DEPARTMENT
- POLICE DEPARTMENT FIRE DEPARTMENT

19

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 537 Event Name: Slow Your Role on Violence

Event Date: October 20, 2018

Street Closure: None

Organization Name: Still Standing

Street Address: Still Standing

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Walk to raise awareness on violence from New Center Park to Spirit Plaza along city sidewalks from 10:00am - 1:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required; W
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: September 26, 2018

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, September 25, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING

537 *Still Standing, request to hold "Slow Your Role on Violence" at New Center Park area on 10/20/18 at 10:00 AM to 1:00 PM.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Still Standing presents: Slow Your Role on Violence

Event Location: New Center Park area

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Still Standing

Organization Mailing Address: 7310 Woodward Ave Suite 445 Detroit MI 48202

Business Phone: 313 744 5697

Business Website: stillstandingredeemed.org

Applicant Name: Shari Ware

Business Phone: 313 744 5697

Cell Phone: 313 510 0733

Email: sware.stillstanding@gmail.com

Event On-Site Contact Person:

Name: Shari Ware

Business Phone:

Cell Phone: 313 510 0733

Email: sware.stillstanding@gmail.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: Awareness Walk

Please provide a brief description of your event:

We would like to host a walk that's focus is to bring awareness to violence.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : NA Time: Complete Set-up Date: Time:

Event Start Date: 10/20/18 Time: 10:00am Event End Date: 10/20/18 Time: 1:00pm

Begin Tearing Down Date: NA Complete Tear Down Date:

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: New Center One area We will be walking Woodward on the side walk only from West Grand Blvd. to Jefferson (Campus Martius).

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: NA

Will a sound system be used? ☐ Yes ☒ No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

NA

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators:

Contact Person: NA _____

Address: _____

Phone: _____

City/State/Zip _____

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe: _____

Will there be on-site ticket sales? ☒ Yes ☐ No \$25.00

If yes, list price(s): _____

Will there be vending or sales? ☐ Yes ☐ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

Indicate type of items to be sold: _____

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address: NA _____

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Participants will be advised where to park when registering for event, details will be posted through marketing materials email blasts and social media

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Pedestrian traffic

Have local neighborhood groups/businesses approved your event? Not yet!

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event:

We will personally reach out to the neighborhoods groups/businesses for their support.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	NA	
Canopy (open on all sides)	NA	
Staging/Scaffolding	NA	
Bleachers	NA	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: NA

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: NA

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person: NA

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: NA

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Shari Ware

10/10/20

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Slow your ROLE on Violence _____ Event Date: 10/20/18

Event Organizer: Shari Ware

Applicant Signature: _____ Date: _____

2018-09-25

537

537 *Petition of Still Standing, request to hold "Slow Your Role on Violence" at New Center Park area on 10/20/18 at 10:00 AM to 1:00 PM.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE POLICE DEPARTMENT
BUSINESS LICENSE CENTER
DPW - CITY ENGINEERING DIVISION FIRE
DEPARTMENT
BUILDINGS SAFETY ENGINEERING



CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY:711
(313) 224-3544
WWW.DETROITMI.GOV



September 17, 2018

Honorable City Council:

Re: Authorization to accept a donation of park equipment, a Garden Kiosk, to be installed at Romanowski Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park equipment from Sacred Roots Community Heritage Garden. The park equipment consists of a Garden Kiosk, to be installed at Romanowski Park.

Sacred Roots Community Heritage Garden will borne the costs of purchasing and installing the Garden Kiosk. The equipment is valued at \$300.00. The garden kiosk will provide a space to post information about the garden and upcoming community events.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

LaJuan Counts,
Deputy Director

CITY CLERK 2018 SEP 27 PM 2:42



Resolution

Council Member _____

Whereas, the General Services Department- Parks and Recreation Division is requesting authorization to accept a donation of park equipment, a Garden Kiosk from the Sacred Roots Community Heritage Garden to be installed at Romanowski Park. Improvements are valued at \$300.00.

Whereas, the garden kiosk will be used to post information about the garden and upcoming community events. This will be a small sign that will be both aesthetically pleasing and useful for the park and surrounding community.

Resolved, the General Services Department - Parks and Recreation Division is authorized to accept a donation of park equipment, a garden kiosk, from Sacred Roots Community Heritage Garden to be installed in Romanowski Park.



GENERAL SERVICES DEPARTMENT
Parks & Recreation
Division

Park Improvement Authorization Form

Today's Date: 7/18/18

18100 Meyers Road, Upper Level
Detroit, MI 48235

Requesting Organization Name: Sacred Roots Community Heritage Garden (A114FS)
Contact Name: Rosebud Schneider
Phone #: 313-846-3718 Fax #: _____
Address: 4880 Lawndale
Detroit, MI 48210
Email: rschneider@a114fs.org

DPRD Property Name: Romanowski

Property Address: _____

Location of Improvement In Park: _____

Information Included with Request Submission:

- ☐ Letter of Request ☐ Site Plan ☐ Sketch
☐ Other: _____

Improvement / Project Description:

garden sign kiosk - see attached.

Estimated Value of Improvement / Project: \$300

FUNDING SOURCE (optional)

Have you already raised any money for this improvement?

- ☐ My group used a crowdfunding platform (see loby.org/detroit for more information)
☒ We received a grant
☐ My group collected donations from the community without using a digital platform
☐ Other: _____

If using a crowdfunding platform to fundraise for this improvement, provide the URL for your campaign page below:

REQUIRED MAINTENANCE

MAINT. W/EEED AROUND BASE OF SIGN
REPAIR IF BRACKET

- ☐ General Services Dept. - Design Plan Reviewed
☐ General Services Dept. - Maintenance Required

GSD Project Coordinator: _____

Date: 8/13/2018

GSD General Manager: _____

Date: _____



8/31/18

Janet Anderson, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyer Rd Detroit, MI

Dear Ms. Anderson,

On behalf of the Sacred Roots Community Heritage Garden (AIHFS), I am writing to offer our full assistance in purchasing and installing a garden kiosk at the farms space in Romanowski Park. The costs, approximately \$300 are being borne by the group mentioned above. These improvements will take place October, 2018. We have worked with community representatives to ensure these improvements are desired.

The Sacred Roots will oversee construction of the kiosk and any future maintenance needed to maintain the installation. This kiosk will provide a space to post information about the garden and upcoming community events. This will be a small sign that will be both aesthetically pleasing and useful for the park and community.

Thank you for your time and consideration.

Sincerely,

Rosebud Schneider

Sacred Roots Program Asst
American Indian Health and Family Services
313-846-3718
rschneider@aihfs.org



MEMORANDUM

TO: Michael Duggan, Mayor

FROM: Hon. Scott Benson, City Council District 3

CC: Hon. Mary Sheffield, City Council Pro Tempore, Chair, Neighborhood & Community Service Standing Committee

Hon. Janee Ayers, Chair, Budget & Finance Standing Committee

John Hill, CFO

Hon. Janice Winfrey, City Clerk

David Whitaker, Director, LPD

Stephanie Washington, City Council Liaison

VIA: Hon. Brenda Jones, City Council President

DATE: 20 Sep 2018

RE: CHWMAAH

As per Sharon Rose's response memo dtd. 14 Mar 2018, please identify and allocate \$3.5 million in the FY 2019-20 budget to fund the Charles H. Wright Museum of African American History. This is a \$1.6 million increase over the FY 2018-19 budget. The increase should be used in the following manner: \$1.1 million should be classified as a capital improvement for the repair of the museum's roof and the additional \$500k should be used for operations. My office will work with the OCFO to identify \$1.6 million to fund this new expenditure.

As we look to care for our cultural gems it becomes ever more critical that we provide the proper financial support for our institutions and ensure these organizations are able to provide programming to the Metro-Detroit region's residents without fear of the roof falling in, or the inability to provide a safe and comfortable environment. I believe it is a regional shortcoming that this cultural gem, designed to tell the story of America's African descendants, does not have a dedicated revenue stream, i.e. millage, like its neighbor the Detroit Institute of Arts. Ms. Rose's memo response to the museum's capital improvement need is inserted below.

- 1) **Please briefly explain the new capital funding requests MAAH is planning to implement in FY 2019. Please provide which Appropriation/Cost Center the new initiatives will affect in FY 2019.**

The museum desires to replace the 21-year old roof system that is original to the building. The roof has exceeded its life expectancy and is exhibiting signs of shrinkage and deterioration. Once the membrane begins to degrade to this point, the seams beneath the ballast stone become more stressed, creating the potential for large seam failures. Unfortunately with a single-ply, ballasted EPDM roof system, there are no options for restoring the roof and repairs/maintenance costs are typically expensive due to the amount of labor required to find the leak area, remove the ballast stone, properly clean the membrane, and finally make the repair. Once the roof system reaches the end of its life, there are no other options other than replacement. There would be considerable cost, structural and potential health issues if the roof leaks are not addressed. Although some roof repairs have just been made, it was only designed to get the museum by until the necessary roof replacement is started. The total roof replacement cost is estimated at between \$900,000 and \$1.2 million dollars...

If you have any questions do not hesitate to contact my office at, 313-224-1198